

Judit Gal

Dear President, Committee members, Colleagues and Participants,

It is a great privilege for me to be here and reflect on the lecture we have just heard. Thank you for the systematic, thought provoking presentation and the realistic statement, "...in isolation our profession will die." I would like to say a few words about working as a chaplain in an interdisciplinary team in the Hungarian Health Care, with reference to Roel's points.

I am going to speak about the Hungarian experiences, emphasizing the practice of chaplaincy in the Hungarian Reformed Church. To begin with, let me provide you with some data: there are 153 hospitals where chaplains work from 4 denominations, Roman Catholic, Greek Catholic, Calvinist and Lutheran - and also some non-denominational counsellors.

First of all let me recall one of my memories from 18 years ago. I had just arrived back to Hungary from the USA CPE program, when one evening I was called to the Oncology department. There was a patient who wanted to talk to a chaplain. After our conversation I asked the nurse for the patient's sheet to make some notes on it. She didn't understand my request and phoned the chief consultant who refused the permission. Next day I was called by the doctor who was quite rude when she asked, "Who is the chaplain? What kind of rights do they have in a hospital? Do I really mean to look into the patient's record?" this happened 18 years ago and officially there have only been a few changes since then.

As we have seen in Roel Hekking's division, in Hungary we work according to the first two models: the non-cooperation and the non-systemic cooperation. Regardless of the fact that we are going to celebrate the 20th anniversary of the Reformed Church hospital chaplaincy, our service is still in the state of being born and developing in a laborious way in each and every hospital. The chaplain is sent by the church, works in the hospital area, but not as a medic. We would need legal regulation, without which an interdisciplinary agreement and cooperation would not work.

What kind of conditions do we need for that?

- First of all, chaplaincy needs to be accepted as a profession - first in the church (without it chaplains will struggle with identity crisis after a while)
- Secondly, we need to establish an Ecumenical Professional Association of Chaplains instead of denominational coordination
- Thirdly, chaplaincy should be accepted as a medical profession

Without this legal regulation our work is only a simple hospital service (like a hairdresser) and is not part of the complex, systematic health care of the patient.

In his presentation, Roel pointed out that the 3rd model is the systematic cooperation. In Hungary, we haven't been able to reach the general agreement. But at the same time, there has been a definite development on local levels: not only among team-mates, but also in units and institutions - chaplaincy services have become part of health care.

- The personal, spiritual and professional authenticity of the chaplain DOES confirm that their work is useful (but it takes some years). Because of positive feedback more and more nurses and medical doctors call the chaplain to their patients and to their staff meetings as well/ our experience is that we have become team-members this way, at some oncology, geriatric, hospice and psychiatric units too.

Let me give you some examples of systematic cooperation:

- At the time of hospital dismissals (there was a shortage of personnel) the chaplains were asked to lead conversation groups for patients - this service has become part of the unit's healing work
- Students - medical ones, psychologists, social workers - all have the opportunity to meet the chaplain as part of their training / field work, to get a glimpse of their work.
- Chaplains sometimes give training to nurses and administrators in several hospitals (spiritual, psychological, communication)
- Chaplains coordinate voluntary work in most hospitals
- We also present ourselves at healthcare conferences, where we familiarize and popularize our work through discourses and presentations
- We have invited a group of some well known professionals for a church health day in congregation, where through interdisciplinary presentations and group work the church members had a chance to learn about protection and prevention.

I know that these are only small steps forward, but we are always looking for new ways, and possibilities to improve. The change is very slow, we need to recognize that we are first-generation chaplains in the present health care system. We can provide a strong foundation for our followers, giving a basis for their further development.

Finally, in his lecture, Roel talked about the pros and cons of the systematic cooperation. It is not a question that this way our work could be more pragmatic, systematic and focused, becoming part of the healing process. However we have a fear - don't we lose something? Aren't we going to share the problems that other professions suffer from? For example:

- Financial matters - how many patients can we visit in a limited time
- Strict administrative liability - very time consuming
- In a protocol-regulated system can we provide personal, unique help?
- We can lose the miracle of spontaneous encounters
- With strict regulation we lose the freedom to decide about the priorities in the actual situation - think of Jesus when he healed the bleeding woman instead of jairus' daughter... he could decide on the spot.

In an interdisciplinary way together we are more, we need each other's experiences, skills and views - to be able to help in a better way.

Thanks once more Roel for your presentation and thank you all for your attention.